

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L64112

**Entity Name:** MIRIAM GARCIA-PORTELA, M.D., P.A.

**Current Principal Place of Business:**

330 S.W. 27 AVE.  
#509  
MIAMI, FL 33135

**Current Mailing Address:**

330 S.W. 27 AVE.  
#509  
MIAMI, FL 33135

**FEI Number:** 65-0182202

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GARCIA-PORTELA, MIRIAM M.D.  
330 SW 27TH AVE.  
SUITE 509  
MIAMI, FL 33135 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_

Date

**Officer/Director Detail :**

Title P  
Name GARCIA-PORTELA, MIRIAM  
Address 2555 COLLINS AVE. #2106  
City-State-Zip: MIAMI FL 33140

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MIRIAM GARCIA-PORTELA

P

08/06/2024

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Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_

Date